PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number 5 0098/01100 1

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	All other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	19 minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	20 minus 20 = .	
INDEPENDENT CLAIMS	1 minus 3 = .	
MULTIPLE DEPENDENT CLAIM PRESENT		☑

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ▭ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE			RATE	FEE
					RATE	FEE
BASIC FEE			OR	BASIC FEE		300
EXAM. FEE				EXAM. FEE		2 00
SEARCH FEE				SEARCH FEE		400
X $ 125 =				X $ 250 =		
X $ 25 =			OR	X $ 50 =		
X $ 100 =			OR	X $ 200 =		
+ $ 180 =			OR	+ $ 360 =		360
TOTAL			OR	TOTAL		1360

CLAIMS AS AMENDED - PART II

AMENDMENT A

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			▭	

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			▭	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

REQUEST FOR PATENT FEE REFUND 10/525671

1 Date of Request: _____	2 Serial/Patent # _____

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
	7 TOTAL AMOUNT OF REFUND		$

8 TO BE REFUNDED BY:

	Treasury Check
	Credit Deposit A/C #:

9 [ ][ ][--][ ][ ][ ]

10 REASON:

	Overpayment
	Duplicate Payment
	No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____ TITLE: _____

SIGNATURE: _____ PHONE: _____

Replo. Ref: 07/11/2005 PRIDWELL 00184135900
DAN:042495   Name/Number:10525671
FEE920E: $400.00 CR

OFFICE: _____
****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: